



UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES

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INFORMAL COMPLAINT FORM

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, U.S.C. Section 3012(g)

PRINCIPLE PURPOSE: To secure sufficient information to make inquiries into the matter(s) presented and to provide a response to the request(s) and/or take action to correct deficiencies. Disclosure of social security number and other personal information is voluntary. However, failure to provide complete information may hinder proper identification of the requestor, accomplishment of the requested action(s) and response to the requestor.

1. Name (Last, First, M.I.) _____ 2. Social Security Number _____

3. Mailing Address _____ 4. Telephone Number _____

5. Department _____ 6. Job Title _____ 7. Grade/Series _____

8. Date of Alleged Discrimination _____

9. Date of Initial Contact with EEO Official _____

10. Date of Initial Interview with Counselor _____

11. I have been informed of my right to have a representative during the processing of my complaint. Yes ☐ No ☐

12. I have been informed of my right to anonymity Yes ☐ No ☐
I waive my right to anonymity Yes ☐ No ☐

13. Basis for Discrimination:

- ☐ Race _____ ☐ Color _____
- ☐ Religion _____ ☐ Sex _____
- ☐ Age _____ ☐ National Origin _____
- ☐ Physical/Mental Disability _____
- ☐ Reprisal _____

14. Matter giving rise to complaint:

15. Responding Management Official (Name & Title):

16. Explain briefly the basis of your complaint. Include who, what, where, when, and how about the incident(s). If more space is needed, attach additional sheets.

17. Resolution Sought:

18. Signature of Complainant

19. Date